



Council-certified Residential Microbial Remediator (CRMR): Application for Re-certification

The American Council for Accredited Certification (ACAC) requires all Council-certified Residential Microbial Remediators (CRMRs) to document participation in at least FOUR (4) microbial remediation projects during the two-year certification period.

Such activity must be documented by means of notarized affidavits from clients, employers or supervisors. Affidavit forms are included with this application.

CRMRs may recertify once only, unless they continue to work in association with a Council-certified Microbial Remediation Supervisor (CMRS) as an employee or apprentice.

Re-certification fees are \$200 for a two year certification, \$100 of which is a non-refundable processing fee.

Mail the completed application, along with the required affidavits and recertification fees, to:

The American Council for Accredited Certification, PO Box 11599 Glendale, AZ 85318.

CONTACT INFORMATION

Full Name: _____

Complete Home Address: _____

City/State/Zip: _____

Home Phone: _____

Address for Correspondence:

Email Address: _____

_____ **Home**

Last 4 Digits of SSN: _____

_____ **Business**

Professional Title: _____

Expiration Date on Current Certificate:

Company Name: _____

Complete Business Address: _____

Bus. Phone: _____

City/State/Zip: _____

Bus. FAX: _____

AFFIDAVIT: By signing this form I make the following statements:

- I am legal to work in the USA and currently employed in the field of microbial remediation.
- I am aware of and abide by all local, state and Federal regulations governing asbestos, lead and other hazardous materials.
- I agree to comply with the ACAC code of conduct and pledge myself to the highest ethical standards.
- I agree to restrict my use of the certification to the activities for which certification has been granted and to abide by the limits of the designation.
- I agree to refrain from using the certification in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from using the certification in a misleading manner or making any statements regarding the certification which the ACAC may consider misleading or unauthorized.
- I understand that the certificate remains the property of the ACAC.
- I agree to discontinue the use of all claims to the certification in the event that it is suspended or withdrawn and to return the certificate promptly to the ACAC.
- I understand that the \$100 processing fee is non-refundable.
- I understand that dropping the word "residential" from the designation title or the letter "R" from its acronym is grounds for immediate revocation of this designation.
- I agree to indemnify and hold harmless the ACAC and all its agents and employees from and against any liability whatsoever in connection with this application and/or the granting of or failure to grant re-certification.

Applicant Signature: _____ **Date:** _____

Notary Public: _____ **Exp. Date:** _____

Notary Seal/Stamp: _____ **Date:** _____



AFFIDAVIT OF FIELD EXPERIENCE

American Council for Accredited Certification

I understand that _____ (the CANDIDATE) is applying to the American Council for Accredited Certification for recertification as a

Council-certified Residential Microbial Remediator (CRMR)

My relationship to the Candidate is as follows (check one):

- _____ Client
_____ Employer
_____ Supervising CMRS

I hereby attest to the Candidate's direct involvement in the following projects (please list projects by the name):

1. _____
2. _____
3. _____
4. _____

By signing this form, I make the following statements:

- The Candidate worked under my supervision on the projects listed above.
- The information contained in this affidavit is, to the best of my knowledge, a true and correct account of the Candidate's direct participation in these projects.

I understand that this information will be treated as confidential by the American Council for Accredited Certification.

Signature Date

Name (Please print or type)

Company and Title

Phone email

Notary Public Date

Notary Seal or Stamp



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Signature

Date

Name (Please print or type)

Company and Title

Phone

email

Notary Public

Date

Notary Seal or Stamp



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